

SUBJECT/PROBLEM:_____

In accordance with Title 5, Section 552a of the United States Code, I hereby authorize

Congressman Bill Shuster to request assistance on my behalf from the

(NAME OF AGENCY)

in connection with my above-named subject/problem, and authorize discussion of my records with

Congressman Shuster and/or his designated representative for a period of one year from the date below:

DATE:_____

NAME:_____

(Please WRITE name)

NAME:_____

(Please PRINT name)

ADDRESS:_____

MILITARY PERSONNEL-_____

HOME OF
RECORD:

PHONE:_____

SOCIAL SECURITY NUMBER:_____

SUBJECT/PROBLEM:

VA CLAIM NUMBER: _____

OTHER IDENTIFICATION NUMBERS: _____

Please complete this form and *include a brief explanation regarding your problem*,
then mail to:

Congressman Bill Shuster

310 Penn Street Suite 200

Hollidaysburg, PA 16648

Phone - (814) 696-6318 Fax - (814) 696-6726

mmb